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PTO/SB/83 (06-03)

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/607,827
Filing Date	June 27, 2003
First Named Inventor	Marvin Dimitrios Base, et al.
Art Unit	1761
Examiner Name	Unassigned
Attorney Docket Number	1246-2 CIP

To: Commission P.O. Box 145 Alexandria, \						
I hereby apply to w	ithdraw as attorney or agent for	the above ide	entified p	atent applic	ation.	:
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Customer Num	per .					
OR						
Firm or Individual Name	Marvin Dimitrios Base, M.	D.				
Address	Internal Medicine					
Address	210-08 Northern Boulevard	d				
City	Bayside		State	NY	ZIP	11361
Country	USA		1	<u> </u>		
Telephone			Fax	718-281-056	6	
all the attorn	nade on behalf of myself and eys/agents of record, s/agents (with registration numbers)		attached	paper(s), or		
	ed in triplicate (including any attac					
Name	Edna I. Gergel, Ph.D.					
Signature	<i>c</i>		Registr	ation No. 5	50,819	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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OR	L						ŀ		
Firm or Individual Name		Marvin Dimitrios Base, M.D.							
Address		Internal Medicine							
Address		210-08 Northern Boulevard							
City		Bayside	Sta	te	NY	ZIP	11361		
Country		USA							
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all the attorneys	eys/age /agents	behalf of myself and nts of record, (with registration numbers) listed associated with Customer Numb		ed pa	aper(s), or				
This request is enclose	d in tri	olicate (including any attachment	s).						
Name 1	Edna I.	Gergel, Ph.D.							
Signature /	au	SIMUL	Regi	strat	ion No. 5	0,819			
Date	2/8/	04							
NOTE: Withdrawal is e	ffective and the	when approved rather than wher expiration date of a time period	received. Unl for response or	ess pos	there are at sible extens	least 30 da ion period,	ys between the request to		

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Address	•	Internal Medicine						
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City		Bayside		State	NY		ZIP	11361
Country		USA			,		<del>*</del>	
Telephone				Fax	718-281-0	)566		
<b>—</b> ·		behalf of myself and ents of record,	<u></u> .		<b>.</b>			
the attorne	ys/agents	(with registration number	s) listed on the a	ttached	paper(s), o	<u>r</u>		
the attorne	ys/agents	associated with Custome	er Number	·				·
This request is enclo	sed in tri	plicate (including any atta	chments).					
Name	Edna I.	Gergel, Ph.D.						
Signature	Can	SIMIL		Registr	ation No.	50,8	319	
Date	12/8/	97						
NOTE: Withdrawal is approval of withdraw	effective	when approved rather the expiration date of a time	an when received period for respor	. Unles	s there are	at lea	ast 30 da n period,	ays between the request to

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